

COMMONWEALTH OF KENTUCKY

DEPARTMENT OF INSURANCE

Agent Licensing Division

P. O. Box 517, Frankfort, KY 40602, 502-564-6004

<http://insurance.ky.gov>

E-mail – DOI.AgentLicensingMail@ky.gov

RECORD CORRECTION FORM / CHANGE OF RESIDENT OR NON-RESIDENT LICENSE STATUS**PLEASE CHECK ONE:**I am NOT moving residency, I amCorrecting a typing errorCurrently, I hold a Kentucky RESIDENT licenseMoving from one location in Kentucky to another location in KentuckyMoving from Kentucky to another state but NOT CHANGING Kentucky principal place of businessMoving from Kentucky to another state and I WISH TO VOLUNTARILY SURRENDER my Kentucky licenseMoving from Kentucky to another state and REQUESTING Kentucky non-resident licenseCurrently I hold a Kentucky NON-RESIDENT licenseMoving from one location to another but not changing statesMoving from a state (other than Kentucky) to another state (other than Kentucky)Moving from another state to Kentucky but NOT CHANGING other state as principal place of businessMoving from another state to Kentucky but NO LONGER DOING INSURANCE BUSINESS - I wish to surrender my KY licenseMoving from another state to Kentucky and WILL APPLY FOR Kentucky resident license (Surrender license in current resident state, complete Form 8301 individual application, use Form 8301-BGC – follow form instructions – to obtain AOC criminal background report, and provide proof of professional liability.)FOR DETAILS VIEW FORM INSTRUCTIONS at: <http://insurance.ky.gov/kentucky/ALSearch/Rateform/docs.aspx?divid=2>

Full Name: _____ KY DOI# or NPN: _____ Date of Birth: _____

Correct SSN or FEIN to _____ Correct Date of Birth to _____

() New Home Address: _____ Phone: _____

City _____ County _____ State _____ ZIP _____

() Business Name: _____

(Business where you work)

New Business Address: _____ Phone: _____

(Must include physical street address)

City _____ County _____ State _____ ZIP _____

() New Mailing Address: _____ Phone: _____

City _____ County _____ State _____ ZIP _____

() e-mail address _____ (Signature required below)

CHANGE OF NAME - The Department will issue at no charge, a replacement license [KRS 304.9-140(3)]. You must return your original issued license certificate with additional documentation indicated below, and this completed form [KRS 304.9-200(2)].

NAME as it appears on our records: _____ KY DOI# or NPN: _____

NEW NAME: _____

DBA: Add: _____

Delete: _____

- Reason: () a. Marriage (Attach copy of marriage certificate)
- () b. Divorce
- () c. Court Proceedings (Attach copy of court order)
- () d. Amendment of Articles of Incorporation (Attach copy of approved amendment)
- () e. Amendment of Partnership Agreement (Attach supporting documents)

I understand, and hereby attest under penalty of perjury, that all the above information is true and correct. I am aware that submitting false information is grounds for license revocation, and may subject me to civil or criminal penalties.

Signature _____

Date _____

Every licensee is responsible for notifying EACH state in which he/she holds a license of changes in addresses and/or name.

CHANGE OF ADDRESS - Please note, if changing the business city or state address, the Department of Insurance will issue, without charge, a replacement license certificate containing the new address [KRS 304.9-140(3)]. You must return your original issued license certificate with this form [KRS 304.9-200(1)]. License must be conspicuously displayed in each place of business in Kentucky [KRS 304.9-390(2)].

NOTE: You may complete change of address or name electronically through a password-protected account at <http://insurance.ky.gov>. Click on eServices, top right corner of the home page, set up user name and password to use electronic license maintenance services.

KRS 304.2-120(4) and KRS 304.9-200(2) require you to notify the Department of Insurance within 30 days, in writing, every time you change your business or residence address. Furthermore, KRS 304.99-020 permits the Department to levy an administrative penalty of up to \$2,000 per violation for failure to report the change, depending on the type of license.